



PREGNANT WOMAN HIV TEST HISTORY & ASSESSMENT

State Form 52048 (2-05)

Indiana State Department of Health

Per IC 16-41-6, Effective July 1, 2003

Prenatal Care Provider Section

Mother's Name _____ DOB _____
Last First MI

Was a Standard Licensed Diagnostic Test for HIV performed for the mother?

☐ **Yes** Test was performed during pregnancy.

Status as determined by test:

- ☐ Positive
☐ Negative
☐ Indeterminate

☐ The patient has NOT been informed of her HIV test results.

Why not?

- ☐ Did not return for prenatal care and unable to locate.
☐ Transferred health care providers, medical record forwarded to new site
☐ Other _____

☐ **No** Test was not performed. Give reason

- ☐ Mother refused
☐ Mother tested elsewhere prior to deciding to become pregnant
☐ Health care provider did not offer
☐ Already known to be HIV infected

Name of Health Care Provider _____ Phone number _____

Hospital OB Section

Name of Place of Delivery _____

HIV Testing Documented from Prenatal Care Provider? ☐ Yes ☐ No

If no documentation that HIV test was performed during this pregnancy by prenatal care provider:

Was a Standard Licensed Diagnostic Test for HIV performed for the mother at your facility?

☐ **Yes** Test performed:

Status as determined by test:

- ☐ During labor ☐ Positive
☐ Postpartum ☐ Negative
☐ Indeterminate

☐ The patient has been informed of her HIV test results.

☐ **No** Test was not performed. Give reason

- ☐ Mother refused
☐ Already known to be HIV infected

Pregnant women who test HIV positive and **meet all qualifications** are eligible to participate in the Children's Health Insurance Program (CHIRP), the AIDS Drug Assistance Program (ADAP), or any other health care program of the state. The HIV positive pregnant woman will be given first priority on a waiting list for the program if a waiting list exists. For Special Support or Assistance call 317-233-7499

A copy of the form must be:

Kept in the patient's medical file

Kept in the baby's medical file and

Given to the doctor in the hospital designated to administer the newborn HIV testing program.

IC 16-41-6-12 mandates the distribution and completion of this form.

Assurance of compliance will be accomplished by several means including random sampling, surveys and site visits.